



CASE DISPOSITION REGARDING EXEMPTION FROM COOPERATION IN CHILD SUPPORT AND/OR MEDICAL SUPPORT ENFORCEMENT

State Form 23858 (R6 / 1-07) / FI 0425B

Local Office of Family Resources	Case number
Name of payee	
Name(s) of child(ren) included in this case disposition	
Name of non-custodial parent (<i>alleged, legal, adjudicated</i>)	
<p>The claim for exemption is being made for the following reason:</p> <p>(1) The applicant's or recipient's cooperation in establishing paternity, securing child support and/or medical support is reasonably anticipated to result in:</p> <p><input type="checkbox"/> a. Physical harm to the person for whom support is to be sought;</p> <p><input type="checkbox"/> b. Emotional harm to the person for whom support is to be sought;</p> <p><input type="checkbox"/> c. Physical harm to the parent or caretaker relative with whom the person is living which reduces his/her capacity to adequately care for the person;</p> <p><input type="checkbox"/> d. Emotional harm to the parent or caretaker relative with whom the person is living, of such nature or degree that it reduces his/her capacity to adequately care for the person; or</p> <p>(2) At least one of the following circumstances exists and the Local Office of Family Resources believes that, because of the existence of that circumstance in the particular case, proceeding to establish paternity or secure support would be detrimental to the child for whom support would be sought.</p> <p><input type="checkbox"/> a. The child for whom support is sought was conceived as a result of incest or forcible rape;</p> <p><input type="checkbox"/> b. Legal proceedings for the adoption of the child are pending before a court of competent jurisdiction; or</p> <p><input type="checkbox"/> c. The applicant or recipient is currently being assisted by a public or licensed private social agency to resolve the issue of whether to keep the child or to relinquish the child for adoption and the discussions have not gone on for more than 3 months.</p>	

LOCAL OFFICE OF FAMILY RESOURCES	
Signature of regional manager or designee	Date (<i>month, day, year</i>)
Signature of local preparer	Date (<i>month, day, year</i>)

SUBSTANTIATION
Please attach a brief summary of the situation along with available factual data and verification.

CENTRAL OFFICE USE ONLY - FAMILY AND SOCIAL SERVICES ADMINISTRATION	
<p>The Family and Social Services Administration finds that:</p> <p>(1) Good cause for refusal to cooperate does exist. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(2) Child support enforcement activity could proceed without the risk of physical or emotional harm to the child or to the parent or caretaker relative of the child if the enforcement activities do not involve their participation. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Medical support enforcement activity could proceed without risk of physical or emotional harm to the child, to the parent or caretaker relative of the child, or to the individual required to assign medical rights. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(4) This decision regarding good cause exemption was based on:</p> <p><input type="checkbox"/> a. Evidence supplied by the applicant or recipient.</p> <p><input type="checkbox"/> b. The Local Office of Family Resource's investigation of information furnished by the applicant or recipient.</p> <p><input type="checkbox"/> c. Both a and b above.</p> <p><input type="checkbox"/> d. Evidence submitted was insufficient for a finding that good cause exists.</p>	
Signature of Central Office	Date (<i>month, day, year</i>)